

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-023263

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 736

STATE FILE NUMBER

FILED JUN 24 1963

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		c. CITY OR TOWN St. Joseph	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Methodist Hospital		d. STREET ADDRESS (If outside, give location) 315 E. Antoine	

3. NAME OF DECEASED (Type or print) First Middle Last RAYMOND ERNEST BLACKETER			4. DATE OF DEATH Month Day Year June 12 1963		
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1/1/1896	9. AGE (last birthday) 67	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Tin Smith		10b. KIND OF BUSINESS OR INDUSTRY Metal Products	11. BIRTHPLACE (City and state or country) Savannah Missouri		12. CITIZEN OF WHAT COUNTRY U S A

13a. FATHER'S NAME James Perry Blacketer		13b. MOTHER'S MAIDEN NAME Maude Tollard		14. NAME OF HUSBAND OR WIFE Mrs. Carrie Blacketer	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W.W. #1		16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT Address 315 E. Antoine St. Joseph, Mo. Mrs. Carrie Blacketer	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Myocardial failure			1 week
DUE TO (b) Arteriosclerotic Heart disease			Years
DUE TO (c) Pulmonary Fibrosis Emphysema			Years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Over Exertion - Low Cardiac reserve		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE

21. I attended the deceased from 6/17/62 to 6/12/63 and last saw him alive on 6/12/63	
Death occurred at 3:25 A m on the date stated above, and to the best of my knowledge, from the causes stated.	

22a. SIGNATURE S.E. Melaney (Degree or title) M.D.		22b. ADDRESS 214 Kirkpatrick Bldg. St. Joseph		22c. DATE SIGNED 6/14/63
23a. BURIAL, CREMATION, REMOVAL (Specify) Rem. & Burial	23b. DATE 6/14/63	23c. NAME OF CEMETERY OR CREMATORY Belmont Cemetery	23d. LOCATION (City, town, or county) (State) Wathena, Kansas	

24. FUNERAL DIRECTOR St. Joseph, Mo.	25. DATE RECD. BY LOCAL REG. June 18, 1963	26. REGISTRAR'S SIGNATURE Mrs. Clark Goodell
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF **S.E. Melaney** MEDICAL CERTIFICATION

1963 JUN 25

1963 JUN 25

Permit issued 6-13-63

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 4677

P. O. Address St. Joseph 1700

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

Should be embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.